	CITY OF TITLICUTE I					No. of Risk Factor/Interventions Violations					Date	101	8/18
				No. of Repeat Risk					Current Expiration	10/23/			
									Phone				
				E Central Ave					814-827-6123				
icense / Contact/Permit Holder ermit # Rick Reagle		[Purpose of Inspection Est Type Routine Follow-up FS RS				Risk Category High Medium Low						
	RICK RE							FS RS	INTERVEN		ii Med	TOIST LX	
	Circle designa	FOODBORNE ILLNES: ited compliance status (IN, OUT, N/O, I						IC MEALIN .	Mark "X" in		te box for C	OS and/or	R
IN	1 = in compliance	OUT = not in compliance N/O = no	t observed	N/A	1 = no	t app	licable		rected on-sit	te during i			
Compliance Status					R				mpliance				
Demonstration of Knowledge				Potentially Hazardous Food Time/Temperature								:	
1	IN OUT Certification by accredited program compliance with Code, or correct		oonses			16		JT N/A N/O JT N/A N/O	+ ·- · - ·		& temperat oc for hot ho		-
		Employee Health				18		JT N/A N/O	· · · · · · · · · · · · · · · · · · ·		& temperati	-	
2	IN OUT	Management awareness; policy prese	ent			19	IN O	JT N/A N/O	Proper hot	holding to	emperatures		
3	IN OUT	Proper use of reporting, restriction &	exclusion			20	-	JT N/A	Proper cold holding temperatures				+
4	IN OUT N/O	Good Hygienic Practices Proper eating, tasting, drinking, or tobac	co use			21		JT N/A N/O JT N/A N/O	<u> </u>	date marking & disposition as public health control; proc & re			+
5	IN OUT N/O	No discharge from eyes, nose, and m							Time as pe				
	Pro	eventing Contamination by Hands							Consum				
6	IN OUT N/O Hands clean & properly washed					23	IN OUT N/A Consumer undercool			r advisory provided for raw or ked foods			
7	IN OUT N/A N/O	No bare hand contact with RTE foods approved alternate method properly f						Higl	hly Suscer	ptible Po	pulation	5	
8	IN OUT	Adequate handwashing facilities supplied				24	IN OU	T N/A			ed; prohibit	ed foods	
	114 001	Approved Sources				24	114 00		not offered	emical			
9	IN OUT	Food obtained from approved source				25	IN OU	T N/A			ed & proper	ly used	
10	IN OUT N/A N/O	Food received at proper temperature				26	IN OU	T N/A	Toxic subst	ances prop	erly identified	l, stored &	
11	IN OUT	Food in good condition, safe & unadu	Iterated					Conform	ance with	Approv	ed Proce	dures	ļ.,
12	IN OUT N/A N/O	Required records available: shelf stoc	k tags,			27	IN OU	T N/A	Compliance		ance, specia	ılized	
		Protection from contamination							process, &	TACCE PI	<u> </u>		
13	IN OUT N/A	IN OUT N/A Food separated & protected .			Risk factors are improper practices or procedures identified as the most preva								
14	Proper disposition of returned previously				contributing factors of foodborne illness or injury. Public Health Intervention control measures to prevent foodborne illness or injury.								וונוטווא מו
	TNIOUT	Proper disposition of returned, previo	usly	!!				control meas	ures to preve	ent foodbo	rne illness o	ar injury.	
	IN OUT	served, reconditioned & unsafe food							ures to preve	ent foodbo	orne iliness o	or injury.	
L5	Go	served, reconditioned & unsafe food	GOC	ontrol	the ac	dditio	ACTIC n of pat	E S hogens, chemic	cals and phys	sical objec	ts into foods	· · · · · · · · · · · · · · · · · · ·	
L5	Go		GOC	ontrol	the ac	dditio	n of pat	E S hogens, chemic	cals and phys	sical objec	ts into foods	· · · · · · · · · · · · · · · · · · ·	
15	Go	served, reconditioned & unsafe food od Retail Practices are preventative me bered item is not in compliance Mar	GOC	ontrol	the ac	dditio	n of pat	E S hogens, chemic	cals and phys corrected or	sical objec n-site durii	ts into foods ng inspectio	· · · · · · · · · · · · · · · · · · ·	eat violati
15 ark`	Go "X" in box if numl	served, reconditioned & unsafe food od Retail Practices are preventative me bered item is not in compliance Mar Safe Food and Water	GOC	ontrol opropr	the ac	dditio	n of pat	E S hogens, chemic	cals and phys corrected or Proper Us	sical objec n-site durin	ts into foods ng inspectio	· · · · · · · · · · · · · · · · · · ·	
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	FOOD	ESTABLISHMEN	INSPECTION RE									
CITY OF TITUSVII			TALL E D o	Date 10/18/18								
Establishment Pasquale's Pizza & S	ubs	Address/City/State/Zip C 423 E Central Ave		Phone 814-827-6123								
TEMPERATURE OBSERVATIONS												
Item/Location Temp		Item/Location	Temp	Item/Location		Temp						
Nam 290		Sondlest										
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		OBSERVATIONS AND	CORRECTIVE ACTIONS		٠ا							
		0502.00										
Item Violation Violation	ons cited in this report mu	st be corrected within the	time frames below, or as	stated in section	ns 8-405.1	l1 of the food code.						
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Inspector (Signature) _	<u> </u>	~		.,	Date: V	310110						